

START**ENGINEERING CHANGE NOTICE**Page 1 of 21. ECN No **618184**Proj.
ECN N/A

2. ECN Category (mark one) Supplemental <input checked="" type="checkbox"/> [X] Direct Revision <input type="checkbox"/> [] Change ECN <input type="checkbox"/> [] Temporary <input type="checkbox"/> [] Standby <input type="checkbox"/> [] Supersede <input type="checkbox"/> [] Cancel/Void <input type="checkbox"/> []	3. Originator's Name, Organization, MSIN, and Telephone No. OM623 B. A. Williams/Groundwater Management/H6-06/376-3416 8H230	3a. USQ Required? [] Yes [X] No	4. Date 05/25/95
	5. Project Title/No./Work Order No. R4044 216-U-12 Crib Groundwater Assessment/R4CHA	6. Bldg./Sys./Fac. No. 2440 STVCN	7. Approval Designator EQ
	8. Document Numbers Changed by this ECN (includes sheet no. and rev.) WHC-SD-EN-AP-108, Rev. 0	9. Related ECN No(s). 618170 61870	10. Related PD No. N/A
11a. Modification Work [] Yes (fill out Blk. 11b) [X] No (NA Blks. 11b, 11c, 11d)	11b. Work Package No. N/A	11c. Modification Work Complete N/A Cog. Engineer Signature & Date	11d. Restored to Original Condition (Temp. or Standby ECN only) N/A Cog. Engineer Signature & Date
12. Description of Change Table 5.2. Phase I Groundwater Analysis Schedule for Fy 1995. Delete "Conductivity (lab)" and "pH (lab)" from all lists in the Table and delete the "(field)" from all analytes that list it.			
13a. Justification (mark one) Criteria Change [] Design Improvement [] Environmental [X] Facility Deactivation [] As-Found [] Facilitate Const [] Const. Error/Omission [] Design Error/Omission []			
13b. Justification Details All analysis for conductivity and pH will be done in the field and no longer duplicated in the laboratory.			
14. Distribution (include name, MSIN, and no. of copies) (see attached)			RELEASE STAMP OFFICIAL RELEASE BY WHC DATE JUL 07 1995 Sta. 21

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1. ECN (use no. from pg. 1)

618184

15. Design Verification Required

☐ Yes
☒ No

16. Cost Impact

ENGINEERING

Additional ☐ \$
Savings ☐ \$

CONSTRUCTION

Additional ☐ \$
Savings ☐ \$

17. Schedule Impact (days)

Improvement ☐
Delay ☐

18. Change Impact Review: Indicate the related documents (other than the engineering documents identified on Side 1) that will be affected by the change described in Block 12. Enter the affected document number in Block 19.

SDD/DD	<input type="checkbox"/>	Seismic/Stress Analysis	<input type="checkbox"/>	Tank Calibration Manual	<input type="checkbox"/>
Functional Design Criteria	<input type="checkbox"/>	Stress/Design Report	<input type="checkbox"/>	Health Physics Procedure	<input type="checkbox"/>
Operating Specification	<input type="checkbox"/>	Interface Control Drawing	<input type="checkbox"/>	Spares Multiple Unit Listing	<input type="checkbox"/>
Criticality Specification	<input type="checkbox"/>	Calibration Procedure	<input type="checkbox"/>	Test Procedures/Specification	<input type="checkbox"/>
Conceptual Design Report	<input type="checkbox"/>	Installation Procedure	<input type="checkbox"/>	Component Index	<input type="checkbox"/>
Equipment Spec.	<input type="checkbox"/>	Maintenance Procedure	<input type="checkbox"/>	ASME Coded Item	<input type="checkbox"/>
Const. Spec.	<input type="checkbox"/>	Engineering Procedure	<input type="checkbox"/>	Human Factor Consideration	<input type="checkbox"/>
Procurement Spec.	<input type="checkbox"/>	Operating Instruction	<input type="checkbox"/>	Computer Software	<input type="checkbox"/>
Vendor Information	<input type="checkbox"/>	Operating Procedure	<input type="checkbox"/>	Electric Circuit Schedule	<input type="checkbox"/>
OM Manual	<input type="checkbox"/>	Operational Safety Requirement	<input type="checkbox"/>	ICRS Procedure	<input type="checkbox"/>
FSAR/SAR	<input type="checkbox"/>	IEFD Drawing	<input type="checkbox"/>	Process Control Manual/Plan	<input type="checkbox"/>
Safety Equipment List	<input type="checkbox"/>	Cell Arrangement Drawing	<input type="checkbox"/>	Process Flow Chart	<input type="checkbox"/>
Radiation Work Permit	<input type="checkbox"/>	Essential Material Specification	<input type="checkbox"/>	Purchase Requisition	<input type="checkbox"/>
Environmental Impact Statement	<input type="checkbox"/>	Fac. Proc. Samp. Schedule	<input type="checkbox"/>	Tickler File	<input type="checkbox"/>
Environmental Report	<input type="checkbox"/>	Inspection Plan	<input type="checkbox"/>		<input type="checkbox"/>
Environmental Permit	<input type="checkbox"/>	Inventory Adjustment Request	<input type="checkbox"/>		<input type="checkbox"/>

19. Other Affected Documents: (NOTE: Documents listed below will not be revised by this ECN.) Signatures below indicate that the signing organization has been notified of other affected documents listed below.

Document Number/Revision

Document Number/Revision

Document Number Revision

20. Approvals

Signature

Date

Signature

Date

OPERATIONS AND ENGINEERING

Cog. Eng. B. A. Williams

Cog. Mgr. J. S. Schmid

QA W. R. Thackaberry

Safety

Environ.

Other D.J. Garrett/D.W. Fritz

ARCHITECT-ENGINEER

PE

QA

Safety

Design

Environ.

Other

DEPARTMENT OF ENERGY

Signature or a Control Number that tracks the Approval Signature

ADDITIONAL

9513359 2727

DISTRIBUTION SHEET

To		From		Page 1 of 1	
Distribution		B. A. Williams		Date May 24, 1995	
Project Title/Work Order				EDT No. N/A	
216-U-12 Crib Groundwater Assessment/R4CHA				ECN No. 618184	
Name	MSIN	Text With All Attach.	Text Only	Attach./ Appendix Only	EDT/ECN Only
M. R. Adams	H6-30				
C. J. Chou	H6-06				
D. G. Horton	H6-06				
S. M. Price	H6-23				
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